

COMPLAINT [REDACTED]**YOUR PERSONAL INFORMATION**

Complaint ID : [REDACTED]

Name : [REDACTED]

Race :

Address : [REDACTED]

Sex : FEMALE

Age : 27

Your contact information

Best time to contact : 09:00 AM

Primary Contact Phone Number : [REDACTED]

Your injury information

Were you injured in this incident? YES

BRUISE ON THE UPPER INSIDE OF MY RIGHT ARM, SORNESS IN THE

Please describe the injury : HEAD

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

Description of the incident :

MY BOYFIEND AND I GOT INTO AN ARGUEMENT THAT TURNED PHYSICAL. HE PUSHED, CHOCKED, STRUCK ME, AND PULLED MY HAIR. AFTERWARDS I RACED OUT THE HOUSE LEAVING MY THINGS TO FIND A WAY TO CONTACT CPD AS MY PHONE WAS DEAD. I WENT TO THE UOC CAMPUS TO ALERT HELP. THE UOF OFFICERS RESPONED AND DISPATCHED CPD, HOWEVER AFTER 50 MINUTES OF WAITING AN OFFICER NEVER SHOWED UP.

Location of the incident

Street Number : [REDACTED]

Direction : S

Street Name : [REDACTED]

Apt No. : 3

Building Name :

Floor :

Unit :

RESIDENTIAL APARTMENT BUILDING IS WHERE THE INITIAL DOMESTIC INCIDENT

Location Description : TOOK PLACE. AFTER LEAVING THE RESIDENCE TO FIND HELP. I WENT TO THE NEAREST EMERGENCY POST NEAR THE UOC ON [REDACTED]

Incident Date and Time**Date :** 03/07/2012**Time :** 08:00 PM**Evidence****Video Evidence :** NO**Audio Evidence :** YES**INFORMATION ABOUT THE POLICE OFFICERS****Police officer #1****Last Name :****First Name :****Star No. :****Rank :****Assigned Unit :****On Duty :** NO**Sex :****Race :**

Officer Description : POLICE OFFICER NEVER ARRIVED AFTER BEING CALLED BY THE [REDACTED] I WAITED IN MY CAR FOR 50 MINUTES

Police Vehicle Beat Number :**Vehicle Number :****License Plate :****Vehicle Description :****INFORMATION ABOUT VICTIMS AND WITNESSES****Victim #1 personal information****Last Name :** [REDACTED]**First Name :** [REDACTED]**Sex :** FEMALE**Race :****Age :** 27**Contact:** [REDACTED]**Victim #1 injury information****Was the victim injured in this incident?:** YES

Please describe the injury : HEAD
BRUISE ON THE UPPER INSIDE OF MY RIGHT ARM, SORNESS IN THE

Did the victim need medical attention? NO**Hospital/Medical Center :****Please describe the medical treatment :****Victim #2 personal information****Last Name :** [REDACTED]**First Name :** [REDACTED]**Sex :** FEMALE

Race :

Age : 27

Contact:

Victim #2 injury information

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Please describe the medical treatment :

Hospital/Medical Center :